STATE OF IDAHO DIVISION OF BUILDING SAFETY PLUMBING BUREAU, LICENSING SECTION 1090 E. WATERTOWER ST. MERIDIAN, ID 83642 (208) 334-3442

dbs.idaho.gov

APPLICATION FOR PLUMBING CONTRACTOR'S LICENSE

In order to be approved for the Plumbing Contractor examination, the applicant must comply with the provisions of IDAPA 07.02.05.013

IDAPA 07.02.05.013 states in part: A plumbing contractor must be certified as competent by the board and the director of the department before he offers his service to the public. The applicant must provide a minimum of two and one-half (2 1/2) years experience as a journeyman plumber either in the state of Idaho or another State. Such experience may be proven by the submission with the application of a photo copy of the license from another jurisdiction, which has been held for the required period of time. However, if the applicant is from a state which does not require or provide for formal journeyman licensing, then said experience may be proven by the submission of three (3) sworn affidavits (employer verification forms attached) from individuals attesting to the fact that the applicant has had at least two and one-half (2 1/2) years experience as a journeyman plumber. Applications which are incomplete in any detail will be deemed as unacceptable.

Restrictive Use of Contractor Certificate. Any individual holding a contractor certificate and designated by a firm to represent that firm for licensing purposes shall represent one (1) firm only, and shall immediately notify the department in writing when his working arrangement with that firm has been terminated for purposes of becoming self-employed or affiliation with another firm, or for any other reason. A license holder cannot represent any other person or firm, self-employed or otherwise, than originally stated on the application for license. When a change is made, the license is required to so inform the department. Otherwise, he/she is guilty of transferring the license in violation of Section 54-2610, Idaho Code, and is subject to license suspension, revocation, or refusal to renew under Section 54-2608, Idaho Code, or to prosecution under the provisions of Section 54-2628, Idaho Code.

Note: A testing service is under contract with the Bureau to administer the examination and a testing fee is required. To purchase the Idaho Business Procedures Reference Manual, contact GITS at 866-237-2218.

An applicant for testing must submit a completed application to the Plumbing Bureau. Upon application approval, the Plumbing Bureau will issue an **examination registration form** to the applicant, which must be completed by the applicant and submitted to the testing service. **Please Note:** If the applicant does not take the examination within 1 year of Bureau approval, he/she must reapply to the Plumbing Bureau and resubmit the \$22.50 administrative fee.

Once the applicant has successfully passed the contractors examination, (a passing score of 75% is required) a two thousand dollar (\$2000.00) surety bond must be in place before the license will be issued. (See attached form)

PLEASE MAIL THE COMPLETED APPLICATION, THE \$22.50 ADMINISTRATIVE FEE TO ADDRESS ABOVE

STATE OF IDAHO DIVISION OF BUILDING SAFETY PLUMBING BUREAU

FOR PLUMBING BUREAU USE	
APPROVAL:	
DATE:	

APPLICATION FOR PLUMBING CONTRACTOR'S LICENSE

Applicant's name:			Date of Birth:		
Mailing Address: (Street))	(City)	(State)	(Zip Code)	
Telephone No:	Cell Ph. No:	F	ax No		
email:					
Intended Name of Plumbir					
Social Security # :					
Have You Ever Had a Plui	mber License?	No	Yes License#		
Issuing State:	Туре с	or Grade:	In force from:	to:	
I UNDERSTAND THA	AT IF I WORK WITH 1 JOURNEYMAN PLI	•	ST ASLO BE LICENSED TATE OF IDAHO.	AS AN IDAHO	
ı		being firs	st duly sworn, do hereby	certify that the above	
statements are true and co		, 20g	o. aary 6.1.6.1., a6 1.6.65y	cormy mat me above	
Signature of Applicant			D	ate	
	THIS SECTION TO I	BE COMPLETED BY	A NOTARY PUBLIC		
Subscribed And Sworn To Bef	ore Me This	_Day Of	, 20		
	SIGNATURE OF N	IOTARY		—	
N	OTARY PUBLIC FOR:				
C	OMMISSION EXPIRES :				

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EMPLOYER'S VERIFICATION FORM

THIS PAGE MAY BE COPIED AS NECESSARY FOR MORE THAN ONE EMPLOYER.

Applicant Name:				
Dates of Verification:				
From	: (month/day/year)	To: (month/day/year)		
THIS APPLICA	ATION MUST BE SIGNED A	ND NOTARIZED		
This work was performed under the cemploy of a licensed plumbing contra		sion of a journeyman plumber and in the		
Employer/Contractor:		License Number:		
Address:				
City:	State: _	Zip:		
Signature		Date		
	O BE COMPLETED BY A	A NOTARY PUBLIC		
Subscribed And Sworn to before me this	Day of	, 20		
	NOTARY SIGNATURE			
	NOTARY PUBLIC FOR	₹:		
		ES:		